				V
	ARIZONA STATE	BOARD OF HEALT	TH State File No	7
1. PLACE OF BIRTH		TFICATE OF BIRTH	Registered No. 2	45
CountyCulu		State ans		
District or Toppedip	1	or Village	***************************************	·····
City Wobe	No	UI VIIIAGO		
	(If birth occ	urred in a hospital or institution	m, give its NAME instead of street and	
2. Full name of child 7.111	Kevera		If child is not yet name supplemental report, as	ed, make directed.
3. Sex of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other 5. No., in order of birth.	Un -	7. Date 9 - 27 - 2 of birth Month Day y	3
8. PATHER	.	14.	Month Day Y MOTHER	ear
Full name West Rev	era	Full maiden name	rercedes Eagles	- eu
9. Residence (Usual place of abode)	he.	15 Residence (Usual place of abode)	Slobe.	
If non-resident, give place and state.	cris:	If non-resident, give	place and state. arm .	. N.S.
10 Color or race	ง	18 Color or race		
Mick. 11. Age at last	birthday 40 (Years)	nex.	17. Age at last birthday 40	(Years)
12. Birthplace (city or place)		18. Birthplace (city or pl		
(State or country)	her	(State or country)	mefico	L
13. Occupation		19. Occupation		
Nature of industry /ailar		Nature of industry	Housewife.	g F g
20. Number of children of this mother.	(a) Born slive an		21. Were precautions taken again	st oph-
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive bu	t now dead 2	thalmin neonatorum?	_
GERT	TIFICATE OF ATTENDING	PHYSICIAN OR MIDWII		•
I hereby certify that I attended the birth of	this child, who was (B	orn alive or stillborn)	t.5:50 P.m. on the date above	stated
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Signature	cura	de an	·
Given name added from)		(Physician Or midwice)	**********
a supplemental report. Month, day, ye.	Address	<u> </u>		
691-925-45	L Filed 9	30 1,25.	20:20 / Voro	L
Kegistrar	´ <i>'</i>	,	Registrar	

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